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U.S. PAT	TENT APPLICATION	и –	First Named Inventor or Application Identifier: Karl W. Koch, et al					
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1. The Transman (Submit an oil)	nittal Form riginal and a duplicate for fee pro	ocessing)		5.	Micro	fiche Computer Program	n (Appendix)	
2. Specification (preferred an	rangement set forth below)	[Total Pages	41			or Amino Acid Sequenc Il necessary)	e Submission	
- Descriptive	title of the Invention rences to Related Applications			a.	· ·	Computer Readable Cop	у	:
- Statement F	Regarding Fed sponsored R&D			b.	F	Paper Copy (identical to	computer copy)	
- Background	o Microfiche Appendix of the Invention			C.		Statement verifying ident	ity of above copie	es
	ary of the Invention			1000	15445/110	ABBU IOATION BABTO		
	ption of the Drawings (if filed)					APPLICATION PARTS		
- Detailed De	scription					nment Papers (cover st	`	
- Claim(s) - Abstract of	the Disclosure			8.		F.R. § 3.73(b) Statemer n there is an assignee)	nt 🔀 Power	r of Attomey
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	om a prior application (37 C.F.R htinuation/divisional with Box 16			12.	<u></u>	n Receipt Postcard (MF	· ·	
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□ si	gned statement attached deleting in	ventor(s) named in the pri	ior	' ''		ty Document(s)	Other:	
ap	oplication, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).				eign priority is		
16. If a CONTINUING	APPLICATION check anomor	iate how and cumply the	nominita	information	claim below and in		ent.	
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional. Continuation-in-part (CIP) of prior application No								
Prior application information: Examiner: Group / Art Unit:								
	or DIVISIONAL APPS only: The			•		• •	ed under Box 4b,	
	ing part of the disclosure of the a					• •		
reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS								
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☐ Customer Number or Bar Code Label 22928 or ☐ Correspondence address below								
NAME								
ADDRESS Corning Incorporated, SP-TI-3-1								
CITY	Corning	STATE	NY			ZIP CODE	14831	
COUNTRY	USA	TELEPHONE	607-97	4-6574		FAX	(607) 974-384	8
Name (Print/Type) Juliana Agon Registration No. (Attorney/Agent) 33,468								
Signature	G 1 1/2.	()			Date	11/19/03		



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	Application Number	To Be Assigned			
for FY 2003	Filing Date	Herewith			
	First Named Inventor	Karl W. Koch, et al.			
	Examiner Name	To Be Assigned			
	Group / Art Unit	To Be Assigned			
TOTAL AMOUNT OF PAYMENT (\$)788.00	Attorney Docket Number				
	METHOD OF PAYMENT (check one) FEE CALCULATION (continued)				
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEE	S			
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2. Payment Enclosed:		g a request for reexamination			
Check Money Order Other FEE CALCULATION	1804 920* Reques	ting publication of SIR prior to Examiner action			
1. BASIC FILING FEE	1805 1,840 Reques	ting publication of SIR after Examiner action			
Large Entitly Fee Fee Fee Description Fee Paid	1251 110 Extensi	on for reply within first month			
Code (\$)	1252 420 Extensi	on for reply within second month			
	1253 950 Extensi	on for reply within third month			
1001 770 Utility filing fee <u>770.00</u>	1254 1,480 Extensi	on for reply within fourth month			
1002 340 Design filing fee	1255 2,010 Extensi	Extension for reply within fifth month			
1003 530 Plant filing fee	1401 330 Notice	of Appeal			
1004 770 Reissue filing fee	1402 330 Filing a	Filing a brief in support of an appeal			
1005 160 Provisional filing fee	1403 290 Reques	Request for oral hearing			
SUBTOTAL (1) (\$)770.00	1451 1,510 Petition	to institute a public use proceeding			
2. EXTRA CLAIM FEES Extra Fee from	1452 110 Petition to revive - unavoidable				
Claims below Fee Paid	1453 1,330 Petition	to revive - unintentional			
Total Claims 21 - 20** = 1 x 18 = 18.00	1501 1,330 Utility is	sue fee (or reissue)			
Independent 2 - 3** = x 86 = 00.00 Claims	1502 480 Design	issue fee			
Multiple Dependent 0 = 0.00	1503 640 Plant is	sue fee			
**or number previously paid, if greater; For Reissues, see below	1460 130 Petition	s to the Commissioner			
Large Entity	1807 50 Petition	s related to provisional applications			
Fee Fee Fee Description	1806 180 Submis	sion of Information Disclosure Stmt			
Code (\$) 1202 18 Claims in excess of 20	8021 40 Record	ing each patent assignment per property (times number of properties)			
1201 86 Independent claims in excess of 3	1809 770 Filing a	submission after final rejection			
1203 290 Multiple dependent claim, if not paid0		(37 C.F.R. § 1.129(a))			
1204 86 ** Reissue independent claims over original patent	1810 770 For each additional invention to be examined (37 C.F.R § 1.129(b))				
1205 18 ** Reissue claims in excess of 20	1801 770 Request for Continued Examination (RCE) 1802 900 Request for expedited examination of				
a design application					
SUBTOTAL (2) (\$)18.00 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) SUBMITTED BY Completed (if applicable)					
Name (Print/Type) Juliana Agon Registration No. (Attorney/Agent) 33,468					
Signature	Date	11/10/15			
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